

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/431,881	11/02/99	380	2766 2/37	P-8560.00

APPLICANT	TIMOTHY J. NICHOLS, LINO LAKES, MN.				
CONTINUING DOMESTIC DATA***					
VERIFIED					
<i>[Signature]</i>					
371 (NAT'L STAGE) DATA***					
VERIFIED					
<i>[Signature]</i>					
FOREIGN APPLICATIONS***					
VERIFIED					
<i>[Signature]</i>					
ADDRESS	Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS
	Verified and Acknowledged	<i>Matt W. Nichols</i> Examiner's Initials	MN	8	10
TITLE	MEDTRONIC INC 7000 CENTRAL NE MINNEAPOLIS MN 55432 <i>Cust. No. 27581</i>				
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	
\$2,188					

Issue Classification	Application/Control No.	Applicant(s)/Patent under Reexamination
	09/431,881	NICHOLS, TIMOTHY J.
Examiner	Art Unit	
Matthew B. Smithers	2137	

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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